U.S. Department of Labor Office of Labor-Management Standards Washington, DQ 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

S DOL ES
ALS11203
OF D DROP

1. File Number U -	2. Fiscal Year Covered From:
5927	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dennis H King	Name Internation Brotherhood of Boilermakers Labor Organization File Number 000007\$
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 570
Street 10037 briarcliff DR S	Street 753 State Avenue
Chy Mobile	City Kansas City
State Alabama ZiP Cod2 + 4 36608	State Kansas ZIP Code + 4 66101-2511
5. Position in labor organization. Asst. to the International Pr	esiden
Enter appropriate data below if, during the post figurity year, you or your spor	use or minor child directly or indirectly had any of the following interests

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as opecified in the exclusions set forth in the instructions):

A Held an interest in engaged in	transactions (including loans) wi	ith, or derived income or other oconomic benefit of	
		inization represents or is actively seeking to represent.	
6. Name and address of Employer (in	cluding trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

Signature

16. Signature and verification. The undersigned decarcs, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	nying docu	ments), has been exa	m ned by the signatory and is, to the best of the
Signed Dannb A. Key	On	07/16/2005	251-633-4419
O		Date	Telephone Number

Name of Person Filing	Dennis	Kinq
-----------------------	--------	------

File Number U-

3	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (including trade na THB, if any). Name Robein , Urann & Lurye Trade Name, if any: Lawyers for Union P.O. Box, Bkdg., Room No., if any 6768 Street 2540 Severn Av. Suite 400 City Metairie State Louisiana ZIP Code + 4 70009-6768	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 12/09/04 Christmas grif from RUL
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$37 12.a. Nature of interest held or income received.
	12.b. Amount.

13.a. Name and address of Employer or	Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	